

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-03072A

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 133

Primary Registration District No. 3022

Registrar's No. 114

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

10410

20410

3

4 1

5 1

6

7 0

8 2

9 175.0

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED SEP 5 1962

1. PLACE OF DEATH

a. COUNTY Harrison

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Bethany

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION Noll Mem. Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Harrison

c. CITY

OR TOWN Butler Twp (Rural)

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)
11 Mile SW of Bethany

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

First

Middle

Last

Wilma

Arlene

Daniel

5. SEX

Female

6. COLOR OR RACE

white

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

9-19-1910

9. AGE (last birthday)

51

IF UNDER 1 YEAR

Months 10

Days 7

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10b. KIND OF BUSINESS OR INDUSTRY

Hospital

11. BIRTHPLACE (City and state or country)

Harrison County, Mo.

12. CITIZEN OF WHAT COUNTRY

U. S.

13a. FATHER'S NAME

Ellis Graves

13b. MOTHER'S MAIDEN NAME

Minnie

14. NAME OF HUSBAND OR WIFE

Benjamin I. Daniel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Benjamin I Daniel, McFall, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinomatosis

INTERVAL BETWEEN ONSET AND DEATH

6 months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cystadenocarcinoma of ovary

DUE TO (c)

Approx 2 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-4-62 to 8-26-62 and last saw her alive on 8-26-62

Death occurred at 10²⁰ A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J B Titmarsh MD

M. D.

Bethany, Mo.

22b. ADDRESS

22c. DATE SIGNED

8-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8-29-62

23c. NAME OF CEMETERY OR CREMATORY

New Hope

McFall, Missouri

23d. LOCATION (City, town, or county)

(State)

24. FUNERAL DIRECTOR

ADDRESS

M B Haas M. B. Haas Bethany, Mo.

25. DATE RECD. BY LOCAL REG.

8-28-1962

26. REGISTRAR'S SIGNATURE

Jella Maxey

(Licensed Embalmer's Statement on Reverse Side)

SEP 7 1962

SEP 6 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
Mr. B. Haas

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.